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Thank you for participating in the Washington Immigrant Network (WIN) Mentorship Program. Please review the following statements to confirm your understanding and acknowledgement.

* I understand that participation is voluntary, and the length of my commitment is initially up to six months, 1.5 hours per month of meeting time between mentor and learner. However, I understand the commitment may be extended mutually, and I may choose to withdraw at any time. If withdrawing, I will inform the mentee or mentor, and the Chair of the WIN Retention and Career Development Subcommittee.
* I acknowledge that participation is not a guarantee of training, assignments, hiring, promotion, or any other employment related action.
* I will set realistic goals with my mentorship partner, and will approach the mentorship relationship with kindness and support, active listening and strategic questioning, open mind, respectful and honest communication, commitment to acquire skills and knowledge, and willingness to share past experiences and lessons learned.
* I agree to adhere to and be guided by the State Ethics in Public Service Act and my agency’s policies. I will be mindful of perceived or potential conflicts of interest that may be connected with the mentoring relationship, and will inform the Chair of the WIN Retention and Career Development Subcommittee if such conflict or potential conflict arises.

* If unforeseen events arise and an agreed upon meeting date/time must be changed, I will give my mentoring partner at least a two hour notice, if possible.

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Signature of Mentor/Printed Name Agency Date

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Signature of Learner/Printed Name Agency Date